1. Committee Info	rmation					
a. Full Name						c. ID Number
Donna Vann for Bo	oard of Education					47-1276690
	lude City, State and Zip Code)					d. Date Filed
2912 Rosecroft Dri	ve					01/06/2021
Fayetteville, NC 28304	W-9/2000					
28304						e. Phone Number
			,		-	910-978-9058
2. Report Year	3. Period Start Date (mi	m/dd/yy)	4. Period End (mm/dd/yy)	Date	5. Treasurer F	'ull Name
2020	10/18/20		12/31/2	20	Donna Vann	
. Type of Commit	tee (Check One)	9. Ty	pe of Report	(check of	nly one type of rep	port from one category)
Candidate Camp	aign Party	Munic		State/	County	Referendum
PAC Independent	Referendum		Organizational		Organizational	Organizational
Independent Expenditure Legal Expense F	Joint Fundraiser		Thirty-five day		Quarterly	Pre-referendum
. Type of Fund	(if applicable, check one)		Pre-primary	First Second		Final
"Booster Fund"			Pre-election			Supplemental Final
Building Fund			Pre-runoff	Third		Annual
			Semi-annual Mid Year		Fourth	Special
Other:			Year End			10. Special Report Name
		lΗ	Final	IH	Year End	10. Special Report Name
3. Number of Fund	raisers this Report		Special	lΗ	Final	
	1				Special	
11. Account Inform	nation		11.	Account	Information	
. Financial Institution	Full Name		a. F	inancial Ins	titution Full Name	
First Citizens Bank . Purpose	c. Account Code		, , ,			. Assembled
Campaign	c. Account Code		D. I	Purpose		c. Account Code
account for		1				
receipts and	d. Period Begin Bala	d. Period Begin Balance \$ 735.67				d. Period Begin Balance
expenditures	\$ 735.67					\$
CERTIFICATION						
certify that the Cor	nmittee or Fund is in com	pliance wi	ith all applicable	provisions	of Article 22A, 22	2B, & 22D-22M of Chapter 163 of
						nds. I further certify that this repo
1000 K	l correct and that I have be	en trainec	by the NC State	Board of	Elections.	01/07/0001
Donna B. V	Printed Name of Signer	E' 101	Signatu	re of Appoir	nted Treasurer	01/06/2021 Date
OR OFFICE USE O	the state of the s		Signate	ne of Appon	ned freasurer	Date
Date Received:	JAN 0 6 202	L W	Employee:	S.		Delivery Method Normal Mail
Date Postmarke	q: PA-		Employee:			Registered Mail Hand Delivered
Date Scanned:			Employee:			Electronically Filed Signer has not received
Date Data Enter	ed:		Employee:			mandatory training

Amendment

CRO-1000

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) Donna Vann for Board of Education	2. Type of Report 2020 4 th Quarter		3, ID Number 47-1276690
Start of Election Cycle: January 1,	2020	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 735.67	\$ 91.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 25.00	\$ 2440.00
6) Contributions from Individuals	(CRO-1210)	\$ 1100.00	\$ 2350,00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizatio	ns <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	. 11d and 11e)	\$ 1125.00	\$ 4790.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1263.49	\$ 4242.97
13b) Contributions to Candidates/Political Committe	ees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 12.50	\$ 53.35
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 1275.99	\$ 4296.32
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	act line 18)	\$ 584.68	\$ 584.68
<u>ADDITIONAL INFORMATION</u>	10-220		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	
28) Contributions to be Refunded	-		\$
20) COMPROUNDED TO DE RETURGEU	(CRO-1215)	\$	\$

		m Individuals ividual contributions o	var ¢sí	Pg	_1 of r \$50 if form CP.		Amendment Yes	⊠ No	
Entitle Control of the Association of the Control o		(and Fund if applicat	Sangaran and American	or contributions unde	r 450 H IVIIII CR	2, ID Num			
Donna V	ann for Board of I	Education				47-1276690			
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Beverly Hall				Add 🔲 Rem	iove	1			
				b. Job Title/Profession	d. Comments	3			
				Beautician					
4500 Fox Ct. Fayetteville, NC 28314				c. Employer's Name/Spe	cific Field				
				Self-employed					
						e. Election Sum to Date			
						\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check			10/02/2	020	\$	200.00	
							\$		
							\$		
3. Contr	ibutor Informatio	on		Add Rem	iove				
a. Full Nan	ne, Mailing Address d	& Phone		b. Job Title/Profession		d. Comments	1		
	city, state, & zip)			Educator					
Kevin Hi	_								
3210 Play	yer Ave. Ile, NC 28304			c. Employer's Name/Spe Cumberland County					
1 ayonovi	HC, 11C 20501			Cumbonana county	Deliceis	e, Election St	um to Date		
						\$	150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy) yy)	k. Amount		
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							\$		
3. Contri	ibutor Informatic)n		Add 🔲 Rem	ove		<u> </u>		
	ıe, Mailing Address d	& Phone		b. Job Title/Profession		d. Comments	without thomability	3337	
	city, state, & zip)			Self-Employed					
Dennis W 201 Hay				c. Employer's Name/Spe	alfia Field				
_	lls, NC 28348			Insurance Sales	cinc viela				
	,					e. Election Su	un to Date		
						\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check			10/15/20	020	\$	500,00	
							\$		
								•	

\$

\$

850.00

1125.00

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

		m Individuals ividual contributions o	ver \$50	Pg or contributions unde	_2 of er \$50 if form CR	2 O 1205 is no	Yes	No No
PROPERTY PROPERTY AND ADDRESS OF THE PARTY O		(and Fund if applica		VI VVIII VIII VIII VIII VIII VIII VIII		2. ID Num		
Donna V	ann for Board of I	Education					47-1276690	
3. Contr	ibutor Informatio	D n		Add 🔲 Ren	nove			(CE)
4 6 W C S C S C S C S C S C S C S C S C S C	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	I	
	city, state, & zip) Mrs. Eason Bryan			Business Owner				
ľ	ror Lake Drive			c. Employer's Name/Spe	ecific Field			
Fayettevi	ille, NC 28303			Retail				
:						e. Election Su	un to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Gind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Card			10/19/20	020	\$	250.00
							\$	
							\$	
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	ıe, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments		
(include Katherine	city, state, & zip) Wheeler			Retired				
	nington Rd.			c. Employer's Name/Spe				
Fayettevi	lle, NC 28303							
						e. Election Su	m to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	/y)	k. Amount	
X	1	Check			10/02/20	020	\$	25.00
							\$	
							\$	
44-07/2004 AGAS SEE 5/200	butor Informatio			Add 🗌 Rem	ove			
1.00 (1.00)	e, Mailing Address & :ity, state, & zip)	: Phone		b. Job Title/Profession		d. Comments		
: (miciane (ny, state, & zip)							
				c. Employer's Name/Spe	cific Field			
						e. Election Sw	m to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/yyy	у)	k. Amount	
							\$	
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							\$	
4. Total	only this Page					\$		275.00
5. Total	of ALL CRO-	1210 Pages				\$		1125.00
(This line	must be on line 6 of D	etailed Summary Page Ch	(0-1100)			Ψ		1123,00

Contributions from Individuals

Amendment

					A A A A A A A A A A A A A A A A A A A
Disbursem	ents		Pg	1 of 3	Amendment 3 Yes No
		from the committe	ee for, operating expenses		
committees and	coordinated party ex	rpenditures.			
	Full Name (and Fun				2. ID Number
ASSESSMENT AND REAL PROPERTY A	or Board of Education				47-1276690
3. Type of Disb			RO-1310 forms for each	_	
Operating E		Contributions to Can	didates/Political Committees		ordinated Party Expenditures
l. Payee Inform	restauration are an estimated production and the second and the se		Add	Remove	
	ling Address & Phone		b. Coordinated Committee N	Vame	d. Comments
include city, state,	<u>& zip)</u>				
Vistaprint		1	c. Level Registered (Specify)		
Hudsonweg 8		ŀ	Federal Specing	County:	4
Venlo, The Net	therlands	ļ	State	Municipality:	e, Election Sum to Date
5928LW	Hollando	ŀ	<u> </u>	***************************************	
			<u> </u>		\$ 495.64
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	В	10/28/2020	\$201.15	Printing
	Done Cara	<u> </u>	10/20/2020	Ψ201.15	Palm Cards
				\$	
. Payee Inform			Add	Damoye	
and the storagest refresh in Serve Gratery Co.	l provincia de la compania de la co	ر لا	Add b. Coordinated Committee N	Remove	d. Comments
i. Full Name, Maili include city, state,	ing Address & Phone		D. COOFGHAREU COMMINGC. 1	anc see a see a see a	a. Comments
include city, state,	& 21p) 14/12/10/20/20/20/20/20/20/20/20/20/20/20/20/20	paragraph to the end of the end o	I	I	
The Sourcing G	า้าดนอ		c. Level Registered (Specify)		
219 Williams St	•	ļ	Federal 🖂	County:	
Fayetteville, NC		,	State	Municipality:	e, Election Sum to Date
	7	ļ	<u></u>		
	The state of the s				\$ 1676.08
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	10/26/2020	\$405.56	Campaign Signs
	ļ				
,	1			\$	
l. Payee Inform	nation		Add	Remove	
化电子电子电子 医水体性 化氯化物 计多数字	ing Address & Phone	MSS 2003 per all format construction of the co	b. Coordinated Committee N	11.11.11.11.11.11.11.11.11.11.11.11.11.	d. Comments
include city, state,					
Daley Professio					
Solutions		}	c. Level Registered (Specify)		1
211 Cardinal Dr		j	Federal 🖂	County:	
Montgomery, N	IY 12549	,	State	Municipality:	e. Election Sum to Date
		J		!	\$ 131.00
	A resident and any of the state of the college.	1		auli – es ne es de sering filhet gegegie.	199 - 4 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	В	11/02/2020	\$29.00	Campaign Website
-					Wengie
,	1	1		\$	
. Total only thi	is Page				\$ 635.71
A STREET, STRE	CRO-1310 Pages				
	line 13a of Detailed Sum	unary Page CRO-1100	if Operating Expenses)	Superior and Control of the Control	e 1275 90
-	-) if Contrib to Candidates/Politi	· · · · · · · · · · · · · · · · · · ·	\$ 1275.89
	and the second commence of the second commenc		if Coordinated Party Expendit	ures)	
, Purpose Code		<u>penditure code in ()</u>			
* - Media - Salaries	B* - Printing F* - Equipment	C* - Fundi G - Politica		D - To Anothe	
- Postage	и - Equipment J - Penalties		ai Party e Expenses		Public Office Expenses n to Legal Expense Fund
	- I VIIIII	: TO 10 10 10 10 10 10 10 10 10 10 10 10 10		& Donaido	a to negat na pense i una

* Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections

E - Salaries
I - Postage
O* - Other

Disbursements $P_{g} \ \underline{2}$ of $\underline{3}$ Amendment $\underline{\square}$ Yes

Use this form to report expenditures from the committee for, operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Full Name (and Fun				2. ID Number
A STATE OF THE PROPERTY OF THE	or Board of Education		2000		47-1276690
3. Type of Disb			RO-1310 forms for each t	ype of Disbursem	ent.)
Operating E	and the state of t	Contributions to Car	ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ling Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	, & zip)		4	Ī	
Office Donot		,		l The state of the	
Office Depot 419 Cross Creel	1. 3.4 <u>.41</u>	ļ	c. Level Registered (Specify)		4
		1	Federal State	County:	
Fayetteville, NO	J 28303	ļ	State	Municipality:	e. Election Sum to Date
					\$ 89.86
f. Account Code	g. Form of Payment	h. Purpose Code	1. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	K	11/07/2020	\$89.86	Printer Ink
				\$	
4. Payee Inform	nation		Add 🗔	Remove	
A TANKS OF THE SERVICE STATE OF A PARTICULAR PROPERTY OF A PARTY OF THE SERVICE STATE OF THE	ing Address & Phone		Add b. Coordinated Committee Na	BRANCH STATE	d. Comments
a. Full Name, Main (include city, state, d		1	B. Coordinated Commission	me majoripana and promise	d. Comments
(include engrance,	& zipj www.	With the Control of t	I	ŀ	
Aggregated non	a-media	ţ	c. Level Registered (Specify)		
expenditure	Hillionia	Ì	Federal	County:	1
or the court		ļ	State	Municipality:	e, Election Sum to Date
		ļ		www.	<u> </u>
	# Processes was di⊒ states stagife				\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Cash	0	10/26/2020	\$12.50	
,				\$	
4. Payee Inform	aation		Add	Remove	
transport to the state of the state of the state of the state of	ing Address & Phone	STEEL SACRAGE	b. Coordinated Committee Na		d. Comments
(include city, state, &			1		<u> </u>
Yellow Crayons	3		c. Level Registered (Specify)		f ·
314 Hay Street			Federal 🖂	County:	
Fayetteville, NC	128301		State	Municipality:	e. Election Sum to Date
					\$ 321.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	В	10/28/2020	\$321,00	Face Masks for
			10/20,2020	Ψ.Σ.Σ.Τ.ΟΟ	Poll Workers
	į l		,	\$	1
5. Total only this	is Page				\$ 423.36
6. Total of ALL	CRO-1310 Pages		Commission of the Commission o	A STATE OF THE STA	
	line 13a of Detailed Sum				\$ 1275.99
			if Contrib to Candidates/Politica	at Comm)	D 1413.77
40-91-92-92-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	and the second s		if Coordinated Party Expenditur	'es)	e se en marginet se en en Allana i den en appetente tribe ny desta letter en la second personal personal de la
	es (List detailed exp			T A -41-	- · · ·
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fundi G - Politica		D - To Another	r Candidate Public Office Expenses
I - Postage	J - Penalties	K* - Office			Public Office Expenses a to Legal Expense Fund
O* - Other					to Logar mapoure a une
* Codes warning	a detailed explored	ion in required rec	morizofield (IA		

 \boxtimes

Disbursem Use this form to committees and		s from the committ	Pg ee for, operating expenses	$\frac{3}{2}$ of s, contributions to	Amendment 3 Yes No Candidate/political
	Full Name (and Fun				2. ID Number
	or Board of Education		MEGEH TIMOTER RESIMPTING TO THE RESIDENCE AND THE COMMUNICATION OF THE PROPERTY OF THE PROPERT	<u>ENTERNOSIZZA ERRORIAN ERRORIAN ERRORIA</u>	47-1276690
3. Type of Disb	Charles to the National Control of Control o	ase use separate C	RO-1310 forms for each i	type of Disbursen	
Operating E	xpenses		ndidates/Political Committees		pordinated Party Expenditures
4. Payce Inforn	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	Contrate to the contrate to th	d, Comments
(include city, state,	& zip)				
Biscuitville 3110 Raeford R Fayetteville, NO			c. Level Registered (Specify) Federal State	County: Municipality:	e. Election Sum to Date \$ 67.28
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	О	11/03/2020	\$67.28	Breakfast for Poll workers
				\$	
4. Payee Inform	aation		Add	Remove	1
a. Full Name, Maili (include city, state, c	ing Address & Phone & zip)		b. Coordinated Committee N	ame	d. Comments
Subway 2908 Raeford Re			c. Level Registered (Specify) Federal	County:	
Fayetteville, NC	228303		State	Municipality:	e. Election Sum to Date
	Frederica de la companya de la comp				\$ 149.64
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	0	11/03/2020	\$149.64	Lunch for Poll workers
				\$	
4. Payee Inform	ation		Add [Remove	
a. Full Name, Mailin (include city, state, é	ng Address & Phone & zip)		b. Coordinated Committee Na	aine	d. Comments

į	Level Registered (Specify)	
	Federal County:	T
1	State Municipality:	e. Election Sum to Date
		\$
f. Account Code g. Form of Payment h. Purpose Code	i. Date (nun/dd/yyyy) j. Amount	k. Required Remarks
	\$	
	\$	
5. Total only this Page		\$ 216.92
6. Total of ALL CRO-1310 Pages		1
(This line goes in line 13a of Detailed Summary Page CRO-1100 (This line goes in line 13b of Detailed Summary Page CRO-1100 (This line goes in line 13c of Detailed Summary Page CRO-1100	Contrib to Candidates/Political Comm)	\$ 1275.99
7. Purpose Codes (List detailed expenditure code in (
A*-Media B*-Printing C*-Funda E - Salaries F*-Equipment G-Politica I - Postage J - Penalties K*-Office	ising D - To Anothe Party H* - Holding	er Candidate Public Office Expenses n to Legal Expense Fund

O* - Other

* Codes require detailed explanation in required remarks field (k)

Q* - Donation to Legal Expense Fund